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Review of Podcast - Vejon COVID-19 Review with Dr. Shankara Chetty

COVID Origins, Pathophysiology, and a Clinician's Battle

This source presents a recorded discussion from March 9th, 2025, featuring Dr. Shankara Shetty, Dr. Vijay, and Philip, focusing on Dr. Shetty's early treatment protocols for COVID-19 and the subsequent challenges he faced, including an impending court case regarding his medical license. Dr. Shetty and Dr. Vijay recount their experiences treating COVID-19 patients, highlighting Dr. Shetty's early observations about the disease's progression, his successful treatment approaches using readily available medications, and his eventual conclusion that the spike protein was the primary pathogen. The conversation also touches upon the global response to the pandemic, the development and rollout of vaccines, and Dr. Shetty's perspective on the origins and true nature of the virus, suggesting a more nefarious agenda beyond a natural pandemic. The discussion concludes with reflections on the lessons learned and concerns about future global health strategies.

This briefing document summarizes a discussion on the Vejon COVID-19 Review podcast featuring Dr. Shankara Chetty, a South African general medical practitioner, and Dr. Vijay, a Malaysian gynae oncologist and functional medicine practitioner. Both doctors share their early observations, treatment approaches, and perspectives on the COVID-19 pandemic, highlighting early treatment successes with readily available medications, skepticism towards mainstream narratives and vaccine strategies, and a belief in a potentially "nefarious agenda" behind the pandemic's management. Dr. Chetty details his early treatment protocols focusing on antihistamines and steroids, his observations of the virus's behavior, and his controversial views on the origins and implications of the pandemic. Dr. Vijay corroborates Dr. Chetty's findings from his experience in Malaysia and expresses concern over the global response.

Main Themes and Important Ideas/Facts:

1. Early Observations and Treatment Protocols by Dr. Shankara Chetty:

- Early Suspicion of the Virus's Origin: Dr. Chetty, with a background in biochemistry, microbiology, and genetics, immediately felt "suspicion" about the virus emerging from Wuhan, questioning its high infectivity and origin beyond a "casual virus from a bat in a wet market." Dr. Vijay concurred, stating Dr. Chetty "intuitively and I think also based on the evidence that there's something inserted into this virus raised his curiosity and suspicion."
- Focus on Clinical Observation and Patient Symptoms: Dr. Chetty emphasized meticulous observation of daily symptoms, contrasting this with the broader approach of isolating and contact tracing based on potentially unreliable PCR tests. He found the unique symptom of loss of smell and taste, with preserved bitter taste, to be a more effective early indicator of COVID-19 than PCR testing.
- Identifying the "Eighth Day" Deterioration: A key observation was that many patients experienced a sudden and significant deterioration around the eighth day of illness. This became a crucial point for his treatment strategy and raised his suspicion about the natural progression of the disease. He noted, "Looking at that eighth day and seeing the decompensation, And of course, this kind of anaphylaxis. My suspicion was that it was the insert that was triggering a protein causing the..." (the excerpt cuts off here, but implies a foreign element triggering the reaction).

- Successful Early Treatment with Antihistamines and Steroids: Dr. Chetty developed an early treatment protocol involving antihistamines and judicious use of steroids, particularly around the eighth day. He discovered that antihistamines could rapidly improve breathing difficulties related to lung expansion issues, which he likened to an allergic reaction in the lungs ("if you're having an allergic reaction in the lung, like your face swells, your lung will be swollen inside"). He used steroids to suppress the subsequent inflammatory response. He even successfully treated a 92-year-old patient with 48% oxygen saturation using this approach.
- The "Best Clinical Trial": Dr. Chetty described a case where a diabetic patient's condition improved with antihistamines and steroids, deteriorated upon stopping antihistamines, and recovered again upon reintroducing them, calling it "about the best clinical trial you could do."
- High Success Rate and Zero Deaths: Dr. McMillan highlights that Dr. Chetty had "zero deaths" among his treated patients, a fact he finds significant and worthy of investigation rather than dismissal.
- Pushback and Censorship: Dr. Chetty faced significant pushback and potential delicensing threats for his unconventional approach. His interviews were removed from mainstream media due to censorship concerns. He stated, "sadly it seems that it is more important that the scientific community maintains their credibility than it is about saving lives."

2. Corroboration and Experiences in Malaysia by Dr. Vijay:

- Recognition of Dr. Chetty's Breakthrough: Dr. Vijay, upon hearing Dr. Chetty's early findings, recognized the significance of his work, stating, "this was not just any ordinary gp... here there was a man who knew what he was up against he was not afraid of what he was about to face and he had a plan."
- Implementation and Success of Dr. Chetty's Protocols in Malaysia: Dr. Vijay's association, MAAFIM, organized training sessions for hundreds of doctors in Malaysia and surrounding countries based on Dr. Chetty's protocols. He shared personal anecdotes of severely ill COVID-19 patients in Malaysia and Sri Lanka who refused hospitalization and recovered fully using Dr. Chetty's treatment guidance. He described one instance as treating a patient "from 3,000 kilometers away based on the strength of the treatment protocol that, you know, Dr. Shankara has taught us. And it worked well. over and over and over."
- Frustration with Bureaucracy and Lack of Adoption by Health Authorities: Despite demonstrating the effectiveness of early intervention, Dr. Vijay expressed frustration with the Malaysian Ministry of Health's lack of interest and adoption of these protocols.
- "Mind Capture" of Doctors: Dr. Vijay lamented that many doctors seem unable to deviate from the established narrative, even in the face of successful alternative approaches, suggesting a "mind capture."

3. Suspicion of a "Nefarious Agenda" and the Role of Spike Protein:

- Dr. Chetty's Early Concerns about Spike Protein: Dr. Chetty expressed early concerns about the use of spike protein in vaccines, calling it a "pathogenic protein" and questioning the unregulated nature of its production and duration in the body following vaccination. He argued for traditional protein-based vaccines with controlled dosage.
- Link to Potential Bioweapon: Based on the observation of different variants targeting different populations and organ systems in an "unnatural" way, Dr. Chetty testified to a coronavirus grand jury that he believes COVID-19 to be a bioweapon, with spike protein being a key "toxin." He mentioned the work of Professor Parry ("spikopathy paper") as evidence of spike protein's pathogenicity.
- Information from Alleged US Intelligence Sources: Dr. Chetty claimed to have been contacted by individuals from the U.S. Department of Defense and the CIA who reportedly confirmed suspicions of a "weapons-grade package" added to the virus and that the vaccination program was "the second part of a global military strategy." He shared details of a conversation where he was told the vaccination program had "nothing to do with health."
- Belief in a Deliberate Release: Dr. Chetty suggested that the initial outbreak pattern and the subsequent global response indicated a potential "deliberate release" rather than just a lab leak.

- The "COVID Storm" as a Spike-Triggered Autoimmune Response: Dr. McMillan introduced the concept of a "spike triggered autoimmune response mechanism," particularly in vaccinated individuals, as a potential explanation for ongoing illness patterns.
- Questioning the Rationale Behind Vaccine Stockpiling: Dr. Vijay questioned the logic of countries buying "10 doses of vaccine per head" for a flu-like illness, considering it a "red flag" indicative of something more serious.

4. Call for Open Inquiry and Re-evaluation:

- Importance of Listening to All Perspectives: Dr. McMillan emphasized the scientific principle of listening to all perspectives when seeking answers, regardless of the source.
- Need to "Open this Can of Worms": Dr. Chetty stressed the importance of fully investigating the origins and management of the pandemic to prevent future similar events.
- Re-evaluating Biotechnology and Global Regulatory Bodies: Dr. Chetty warned about the potential dangers of unchecked biotechnology and criticized the influence of unelected regulatory bodies and non-governmental organizations funded by governments.
- The Awakening of the Public: Both Dr. Chetty and Dr. Vijay noted that the COVID-19 pandemic has led to a greater public awareness and questioning of global agendas.

Quotes:

- Dr. Shankara Chetty on mainstream media censorship: "...some of the things that are said here you may never have heard before and in mainstream media could have possibly been censored."
- Dr. Vijay on Dr. Chetty's early insights: "Philip, I think he was definitely on to something and he had intuitively and I think also based on the evidence that there's something inserted into this virus raised his curiosity and suspicion."
- Dr. Chetty on his motivation: "I've always believed that I'm only in control of what I say, do, think and feel. And as long as in doing those four things, I harm no one, I'm on the right track."
- Dr. Vijay on Dr. Chetty's approach: "No, I think when I first heard how he approached this situation, i said look i mean this was not just any ordinary gp in you know anywhere in the world here there was a man who who knew what he was up against he was not afraid of what he was about to face and he had a plan..."
- Dr. Chetty on the limitations of PCR testing: "...the test is not specific enough. We'd be chasing ghosts."
- Dr. Chetty on his simple taste test: "And I found that salt and sweet was lost, but bitter was preserved. And that's a very unusual way to lose your taste..."
- Dr. Vijay on the importance of clinical observation: "It's absolutely crazy, Philip, that I think as medical students, we are taught to listen to the patient, chronicle their symptoms and examine and try and connect a temporal relation to the evolution of these symptoms and the disease pathophysiology. This was basic."
- Dr. Chetty on the judicious use of steroids: "Well, Philip, it's not like I haven't used steroids before. I know that they must be judiciously used."
- Dr. Vijay on Dr. Chetty's breakthrough: "It is, absolutely. I mean, there's no other way of describing the fact that he elucidated those events and knew what was the exact intervention that could terminate that event. And that was the thing that resonated when I first saw the conversation that you had with Shankara in that first podcast. I said, okay, that's it."
- Dr. Chetty on the "eighth day": "started preaching about this doctor who predicted when they were going to die and told everyone about the eighth day."
- Dr. Chetty on his staff's urging: "You found a way to solve the problem. You need to tell the world because people are dying in the location and they don't know that you have this ability."
- Dr. McMillan on the focus on credibility over saving lives: "...sadly it seems that it is more important that the scientific community maintains their credibility than it is about saving lives..."

- Dr. Vijay on the lack of inquiry into Dr. Chetty's success: "We should all be running to him and say, look, what did you do right now? And yet, that is not the question that we are asking. We are actually trying to crucify this man for doing the right thing and curing so many patients."
- Dr. Chetty on his distrust of mainstream science: "Philip, at that point, I knew I couldn't trust the science. We had already had the issues with hydroxychloroquine."
- Dr. Chetty on the beta variant: "...patients again decompensated on the eighth day like they did in the first wave but the symptoms that they presented with on the eighth day weren't the same symptoms they had in the first wave they now presented with gastrointestinal symptoms..."
- Dr. Chetty on the dangers of spike protein technology: "Why would you want to put a pathogenic protein into a human body in the first place? Why would you want to use a technology in the lipid nanoparticle technology that has been proven to be dangerous has been designed to biodistribute widely and has not been authorized for human use."
- Dr. Chetty on his conversation with someone from the CIA: "He turned around and told me, he said, Dr. Chetty, we knew that they had put a weapons-grade package onto this virus. And we've spent a lot of money and got the best researchers around to figure out what this package would do."
- Dr. Chetty on the alleged military strategy: "He said, Dr. Chetty, the vaccination program has nothing to do with health. It is the second part of a global military strategy."
- Dr. Vijay on the impact of Dr. Chetty's guidance: "See, when we first heard his experience and how he had handled this vast number of patients single-handedly in his little practice, we knew we had a lifeline."
- Dr. Chetty on the success in Meghalaya: "And so I trained the rural doctors on how to treat COVID. And within a month, we turned the death rate around from a couple of hundred to in the tens and the following month into the single digits, just by instituting the correct early treatment strategy."
- Dr. Chetty on the ongoing strategy: "I think, Philip, it's part of a wider strategy. When you realize you're wrong, then you take recourse, redirect. That never happened."
- Dr. Chetty on biotechnology: "I think people don't realize what biotechnology actually is and the potential it holds for harm. This is something worse than nuclear technology because of its ability to be targeted."
- Dr. Chetty's opinion on the virus's origin: "I'm of the opinion that this is a bioweapon because of the different variants targeting different populations and, of course, the different variants targeting different organ systems. That doesn't make sense in nature."
- Dr. Chetty's goal with his case: "I said that spike protein is one of the most elaborate toxins man has ever produced, and it was meant to kill people. So I have to prove the toxicity of spike, and I have to prove the intent to the program."
- Dr. Vijay on the consistency of events with Dr. Chetty's claims: "...what shankara outlined just now is exactly what happened and i hope that comes out with such clarity..."
- Dr. Vijay on the Malaysian court ruling: "...the federal court, which is the highest court in Malaysia, has upheld the right of doctors to prescribe ivermectin. That was not the only ruling. The ruling was that doctors, the bureaucracy cannot interfere with the doctor's clinical judgment in deciding what is the appropriate treatment."
- Dr. Chetty on the choices facing doctors: "there's only two wooden boxes in this church, the confessional and the coffin. So choose carefully."
- Dr. Chetty on the broader agenda: "...we have a war where we've fought the war with an invisible bioweapon we've now achieved the death uh comparable or exceeding what we've had in the two world wars that we are aware of... give it a few years and we'd have the exact outcome of a war without anyone realizing that we were at war. And I think that is the complete agenda."

Conclusion:

The discussion highlights the experiences of two doctors who adopted unconventional approaches to treating COVID-19 early in the pandemic, achieving significant success based on their clinical observations and readily available medications. Their narrative stands in stark contrast to the mainstream global response, raising serious

questions about the origins of the virus, the effectiveness and motivations behind global health strategies, and the potential for censorship and suppression of alternative medical perspectives. Dr. Chetty's belief in a "nefarious agenda" and the weaponization of biotechnology, while controversial, underscores the gravity of the concerns raised in this podcast. The experiences shared warrant further scrutiny and open discussion regarding the lessons learned from the COVID-19 pandemic and the future of public health responses.

Frequently Asked Questions on the Vejon COVID-19 Review Discussion

1. Who are Dr. Shankara Chetty and Dr. Vijay, and what are their relevant backgrounds? Dr. Shankara Chetty is a natural life science biologist and a general medical practitioner from South Africa who served as a frontline doctor during the COVID-19 pandemic. He developed early treatment protocols for the illness. Dr. Vijay is a practicing gynaecologic oncologist from Malaysia with an interest and involvement in functional and integrative medicine for the past 15 years, incorporating such therapies into his cancer treatment. He also formed the Malaysian Association for Advancement for Functional and Integrative Medicine (MAAFIM).

2. What was Dr. Chetty's initial approach to understanding and treating COVID-19, and what key observations did he make early on? Dr. Chetty approached COVID-19 with a scientific background in biochemistry, microbiology, and genetics, driven by curiosity about the new virus. He focused on detailed observation of patient symptoms, noting the unique loss of smell and taste (with preserved bitter taste) as a more effective early indicator than PCR testing. Crucially, he observed a pattern of patient deterioration around the eighth day of illness, characterized by breathlessness and a restriction in lung expansion rather than airflow obstruction, suggesting an allergic reaction in the lung tissue.

3. Can you explain Dr. Chetty's breakthrough treatment approach involving antihistamines and steroids? Dr. Chetty hypothesized that the deterioration around the eighth day was due to an anaphylactic-like reaction or a histamine-driven inflammatory response in the lungs. His breakthrough came when he treated a patient experiencing this deterioration with an antihistamine, observing a significant improvement. Subsequent withdrawal and re-introduction of the antihistamine confirmed its effect. He then judiciously used steroids under the cover of antihistamines to suppress the immune overreaction, particularly around the eighth day, to prevent the disease from spiraling out of control.

4. How did Dr. Vijay and other international doctors react to Dr. Chetty's early treatment protocols? Dr. Vijay was immediately struck by Dr. Chetty's logical and effective approach, recognizing that it was rooted in fundamental clinical observation and understanding of disease progression, which seemed to

be overlooked by many during the pandemic. He contacted Dr. Chetty after hearing his initial interview and organized training sessions for hundreds of doctors in Malaysia and surrounding countries through MAAFIM. These doctors reported similar success using Dr. Chetty's protocols, even managing severely ill patients remotely with positive outcomes, demonstrating the real-world effectiveness of the early intervention.

5. What challenges and resistance did Dr. Chetty face when sharing his treatment findings with the broader medical community and authorities? Dr. Chetty faced significant resistance and censorship. His findings were largely ignored in South Africa, and his interviews were removed from mainstream media platforms. He was even targeted with threats of delicensing. Despite his zero death rate among thousands of patients treated with his protocol, the focus shifted to questioning his methods rather than investigating their success. His attempts to share his findings were perceived as a challenge to the mainstream narrative, leading to his increased scrutiny and controversy.

6. What were Dr. Chetty's concerns regarding the COVID-19 vaccines and the broader pandemic response? Dr. Chetty expressed early concerns about the use of the spike protein as the basis for vaccines, questioning the unregulated quantity and duration of protein production in the body. He pointed out that it could be considered a gene therapy rather than a traditional mRNA vaccine and that a lab-produced protein vaccine with controlled dosage would be a safer and more logical approach. He suspected a "nefarious agenda" behind the pandemic response, noting the coordinated global approach, censorship, and the insistence on vaccination despite his effective early treatment findings.

7. What insights did Dr. Chetty gain from his contact with individuals claiming to be from U.S. intelligence agencies? Dr. Chetty was contacted by individuals claiming to be from the U.S. Department of Defense and the CIA who expressed interest in his findings. One individual reportedly confirmed suspicions of a "weapons-grade package" being added to the virus and acknowledged the significance of Dr. Chetty's observation about the eighth-day deterioration linked to the spike protein. This contact further solidified Dr. Chetty's belief that the pandemic was not a natural event but part of a larger global military strategy, with the vaccination program being a subsequent phase.

8. What are Dr. Chetty's and Dr. Vijay's perspectives on the future and the lessons learned from the COVID-19 pandemic? Both doctors believe that the COVID-19 pandemic has exposed a global agenda involving biotechnology that needs greater scrutiny and regulation. Dr. Chetty views the virus as a potential bioweapon, given the different variants targeting different populations and organ systems, which he argues is not typical viral evolution. He aims to prove the toxicity of the spike protein and the

intent behind the program through his ongoing case. Dr. Vijay emphasizes the need to liberate doctors from a "mind capture" that prevented them from recognizing effective early treatments and calls for greater autonomy in clinical judgment. Both hope that the awakening spurred by the pandemic will lead to a better understanding of these issues and prevent similar events in the future.

Key Concepts and Themes

- Early Treatment Protocols: Dr. Chetty's development and implementation of early treatment protocols for COVID-19 in his South African practice.
- Unusual Symptomatology: The distinct symptoms observed by Dr. Chetty, particularly the unusual loss of taste (loss of salt and sweet, preservation of bitter) and the lack of breathing difficulty despite low oxygen saturation.
- Eighth-Day Decompensation: The pattern of patients with COVID-19 suddenly deteriorating around the eighth day of illness, which Dr. Chetty linked to an anaphylactic-like response.
- Antihistamines and Steroids: Dr. Chetty's innovative use of antihistamines and carefully timed, judiciously dosed steroids to interrupt the inflammatory cascade and treat severe COVID-19.
- Spike Protein as Pathogen: The theory that the spike protein of the virus is the primary driver of the disease's pathology and potential long-term effects.
- Questioning the Mainstream Narrative: The skepticism expressed by Dr. Chetty and Dr. Vijay towards the official COVID-19 narrative, including testing strategies, treatment guidelines, and vaccine development.
- Censorship and Opposition: The challenges faced by Dr. Chetty in disseminating his findings, including censorship, professional scrutiny, and alleged pressure from authorities.
- Global Agenda Allegations: The assertion by Dr. Chetty of a "nefarious agenda" behind the pandemic response, potentially involving bioweapons and a broader strategy for control.
- Importance of Clinical Observation: The emphasis on the value of detailed clinical observation and listening to patients' symptoms in understanding and treating illness.
- Integrative Medicine: Dr. Vijay's background and application of functional and integrative medicine approaches in his practice.
- Success in Other Regions: The reported success of Dr. Chetty's treatment protocols when adopted by doctors in Malaysia (through MAAFIM) and the autonomous state of Meghalaya in India.
- Biotechnology Concerns: Dr. Chetty's warnings about the potential dangers of unchecked biotechnology and its possible weaponization.

- Dr. Chetty observed that his COVID-19 patients experienced a loss of salt and sweet taste, while their ability to taste bitter was preserved. He found this unusual because typical taste loss often results in everything tasting bitter.
- The "eighth day" was significant because Dr. Chetty noticed a pattern of sudden and rapid deterioration in his COVID-19 patients around this time. He hypothesized that this decompensation was due to an anaphylactic-like immune response.
- Dr. Chetty reasoned that the sudden deterioration around the eighth day indicated an overactive immune response, similar to an allergic reaction. He used antihistamines to target histamine release and steroids to suppress the broader inflammatory cascade.
- Dr. Chetty observed that his patients in the early viral phase had no difficulty breathing in terms of airflow restriction or wheezing. Instead, they had a restriction to lung expansion, meaning they couldn't take a deep breath, indicating an issue with the lung tissue.

- Dr. Vijay came into contact with Dr. Chetty after hearing a podcast interview between Dr. Chetty and Philip. He was immediately interested because Dr. Chetty's observations and treatment approach resonated with his understanding of medicine and offered a potential solution when many were terrified and without answers.
- Dr. Chetty believed that isolating people and contact tracing were a waste of time because he felt the available PCR tests were not specific enough, leading to the chasing of "ghosts" or false positives. He relied more on clinical symptoms like the unusual loss of taste.
- Dr. Chetty expressed concerns that the spike protein is the pathogen responsible for the illness and potential long-term effects. He questioned the use of mRNA technology to produce spike protein in vaccines, citing unregulated dosage, duration of production, and potential for toxicity compared to traditional protein-based vaccines.
- In Malaysia, Dr. Vijay and MAAFIM organized training sessions for hundreds of doctors on Dr. Chetty's early treatment protocols. They also attempted to engage with the Malaysian Ministry of Health to promote the adoption of these protocols, though with limited success.
- After Dr. Chetty trained specialist staff in Meghalaya, India, they reportedly saw a significant turnaround in the death rate, moving from hundreds to single digits within a couple of months. Dr. Chetty attributed this success to their willingness to listen and implement the correct early treatment strategy.
- Dr. Chetty cited several pieces of evidence, including the coordinated global response, the nature of virus mutations targeting different populations and organ systems, and alleged information from a contact within the U.S. intelligence community about a "weapons-grade package" being added to the virus, leading him to suspect a lab origin and deliberate release.

Discuss Dr. Shankara Shetty.

This recording, dated the 9th of March, 2025, is specifically for Dr. Shankara Shetty, a natural life science biologist and a general medical practitioner from Port Edward, South Africa1 .... The recording is being made in conjunction with Dr. Shetty and one of his colleagues from Malaysia, Dr. Vijay, due to a deliberate attempt to have Dr. Shetty's medical license taken away in a court case scheduled for the 12th of March, 20251 . The discussion aims to be frank and cover aspects that may have been censored by mainstream media1 ....

Dr. Shetty's Initial Approach to COVID-19:

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When the virus emerged in Wuhan, Dr. Shetty's background in biochemistry, microbiology, and especially genetics, sparked his interest3 . He was curious about this new, highly infective virus3 .

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Witnessing the clinical pictures from Italy, including ventilations and sudden collapses, raised questions for him about the pathophysiology of the illness3 ....

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Upon seeing the initial genome sequence, Dr. Shetty identified an insert that, based on his knowledge of mutation, indicated a lab origin of the virus4 .... This early suspicion colored his approach to tackling the illness6 ....

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Dr. Shetty found the initial strategy of closing doctors' practices and leaving treatment to hospitals to be strange8 . He believed that the first doctor to see a patient gains crucial understanding8 .

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Driven by "unbridled curiosity," Dr. Shetty decided to see COVID-19 patients to understand why they were dying and to potentially make an impact9 . He made arrangements to isolate himself from his family to protect them while treating patients10 .

Dr. Shetty's Breakthroughs in Understanding and Treating COVID-19:

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By closely examining patients, documenting symptoms and timelines, Dr. Shetty looked for patterns in the illness11 .

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He recognized the limitations of the PCR test due to high cycle thresholds and did not focus on widespread testing and contact tracing11 ....

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He identified the loss of smell and taste as a unique early symptom and developed a simple taste test using salt, sugar, and lime, noting that bitter taste was preserved12 .... He found this to be more effective than the PCR test in indicating COVID-1913 .

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Initially, the patients Dr. Shetty saw had upper respiratory symptoms without chest pathology14 . He educated them to watch for breathlessness and return immediately if it occurred14 ....

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Within the first two weeks of seeing patients, Dr. Shetty observed a pattern of sudden onset of breathlessness, often after a period of perceived recovery around the eighth day of illness15 .... This sudden decompensation reminded him of people collapsing on the street in the early reports4 ....

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Suspecting a steroid-responsive illness, Dr. Shetty cautiously used steroids in patients presenting with breathlessness around the eighth day, observing good improvement within a few days16 .... He noted that by the eighth day, the viral phase seemed to have passed20 .

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Dr. Shetty also started putting patients on aspirin early in the viral phase due to reports of strokes and clots21 .

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His major breakthrough came with the fifth patient, a diabetic and obese individual who presented with severe breathlessness on the eighth day22 . Being cautious with high-dose steroids due to her diabetes, Dr. Shetty tried an antihistamine (promethazine)23 . The patient showed remarkable recovery the next day, which deteriorated upon withdrawal and improved again upon reintroduction24 .... This led him to believe that an allergic process was involved in the second phase of the illness23 ....

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This experience clarified his understanding of the pathophysiology as a biphasic illness, with a later phase resembling an anaphylactic reaction triggered around the eighth day20 ....

- Following the success with antihistamines, Dr. Shetty added montelukast (for leukotrienes) and continued aspirin to his regimen for the later phase28 .
- He observed that patients with breathlessness had no difficulty with airflow but a restriction in lung expansion, suggesting an issue with the lung tissue, possibly due to an allergic reaction causing swelling26 ....
- Dr. Shetty educated his patients about the "eighth day" and the potential for decompensation, urging them to be vigilant and seek immediate help30 . He even provided a "rescue script" with steroids, antihistamines, montelukast, and aspirin to patients who might decompensate on a weekend when his practice was closed, with instructions on when to take the medication31 .... This script reportedly became highly sought after in his area32 .
- Dr. Shetty successfully treated a 92-year-old patient with a very low oxygen saturation, who made a full recovery, highlighting the effectiveness of his approach even in severe cases33 .... This patient also prophetically warned him about the challenges he would face for his work34 ....
- Dr. Shetty documented his findings in an observational study of his first 200 patients, which was published in Modern Medicine36 .

Dr. Shetty's Broader Perspectives and Controversies:

- Based on the sudden decompensation on the eighth day and the anaphylactic-like reaction, Dr. Shetty suspected that the insert in the virus's genome was triggering a protein that caused the problem37 . He later concluded that the spike protein was the primary pathogen38 ....
- He observed different symptoms in the second wave (Beta variant) in South Africa, which had a mutation in the spike protein, with patients presenting with gastrointestinal issues on the eighth day40 .... This further strengthened his belief that the spike protein was the key39 ....
- Dr. Shetty found the development of mRNA vaccines based on the spike protein to be nonsensical and potentially dangerous, given the unregulated production of a pathogenic protein in the body using lipid nanoparticle technology39 .... He believed a traditional protein-based vaccine would be safer and more controllable46 .
- Due to his views on the spike protein and vaccines, Dr. Shetty became a target of censorship and scrutiny47 ....
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Following an interview, Dr. Shetty was contacted by individuals from the U.S. Department of Defense and the CIA, who expressed interest in his findings, particularly his observation about the eighth day and the spike protein49 .... He was told that the vaccination program was considered the second part of a global military strategy, not related to health53 ....

- Dr. Shetty believes that the release of the virus was likely deliberate, given the global response and the unusual behavior of the virus55 .... He views the events as a "third world war fought with a bioweapon" to redistribute wealth and gain control57 ....
- He testified to the coronavirus grand jury, stating his opinion that COVID-19 was a bioweapon due to the different variants targeting different populations and organ systems in a way that is unnatural for a virus59 .... His aim is to prove that what the world experienced was a bioweapon attack, not a natural pandemic, to prevent similar events and regulate biotechnology more closely61 ....
- Dr. Shetty's work had a significant impact in Meghalaya, India, where his training of health officials and rural doctors led to a dramatic reduction in death rates by implementing his early treatment strategies64 ....
- Despite his success in treating patients with zero reported deaths, Dr. Shetty faces an impending court case that he believes is aimed at discrediting him and his findings1 .... He intends to live stream the proceedings to enlighten the public about what has taken place71 ....

Dr. Shetty's story, as presented in this recording, portrays him as a physician who, driven by scientific curiosity and a commitment to his patients, made significant observations about COVID-19 and developed an early treatment protocol that he claims was highly effective. His views on the origin of the virus and the role of the spike protein have made him a controversial figure, and he now faces a challenge to his professional standing while aiming to bring his perspective to a wider audience.

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Discuss Early COVID treatment.

Based on the sources, Dr. Shankara Chetty, a general medical practitioner from South Africa, developed early treatment protocols for COVID-19 by directly observing patients and deviating from the initial recommended approaches1 .... His early interest was sparked by the novel nature of the virus and its clinical presentation4 .

Here's a breakdown of his early COVID treatment approach:

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Direct Patient Observation: Unlike the recommendation to close practices and leave care to hospitals, Dr. Chetty decided to see patients directly to understand the progression of the illness3 .... He meticulously documented symptoms and timelines to identify patterns6 .

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Early Symptom Recognition: In the viral phase, he noted the unique symptom of loss of smell and taste, observing that salt and sweet tastes were lost while bitter was preserved. He considered this a more effective early indicator of COVID-19 than PCR testing, which he believed produced many false positives due to high cycle thresholds6 .... He also observed that initial symptoms were primarily upper respiratory, without chest pathology or coughing9 .

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The "Eighth-Day Phenomenon" and Sudden Decompensation: Dr. Chetty identified a critical pattern where some patients, after initially showing signs of recovery around the seventh day, would suddenly experience severe breathlessness and a drop in oxygen saturation around the eighth day10 .... This sudden deterioration, often occurring even in seemingly recovered individuals, reminded him of a severe anaphylactic process or exposure to venom13 .

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Early Use of Steroids: Based on his suspicion of a steroid-responsive illness, Dr. Chetty cautiously used steroids for patients experiencing breathlessness on or after the eighth day, recognizing that the viral phase seemed to have passed by then14 .... He observed significant improvement within a few days of steroid administration14 ....

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The Breakthrough with Antihistamines: In a diabetic and obese patient who presented with severe breathlessness on the eighth day, Dr. Chetty, being cautious about high-dose steroids due to her diabetes, tried antihistamines, suspecting an allergic process13 .... The patient showed remarkable recovery within a day of taking promethazine, with breathlessness returning upon cessation and resolving again with reinstitution19 .... This led him to believe that an allergic-like reaction was a key component of the deterioration phase21 ....

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Developing a Comprehensive Protocol: Following the success with antihistamines, Dr. Chetty incorporated them into his treatment regimen, often used in conjunction with steroids20 . He also added montelukast (a leukotriene inhibitor) and aspirin, recognizing the potential for a broader release of inflammatory mediators and clotting issues23 .... His focus shifted from a viral pneumonia to a hypersensitivity pneumonitis triggered around the eighth day23 .

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Patient Education and Preventative Measures: Dr. Chetty emphasized educating his patients about the potential for deterioration around the eighth day, urging them to seek immediate help if they experienced breathlessness or fatigue25 . He even provided a preemptive script with steroids, antihistamines,

montelukast, and aspirin, along with instructions to use it only if deterioration occurred on their predicted eighth day, ensuring timely intervention even when his practice was closed26 ....

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Positive Outcomes and Recognition: Dr. Chetty reported significant success in treating his COVID-19 patients with his early intervention protocols, claiming zero deaths among his treated patients28 .... His findings and treatment approach were shared through interviews and a published observational study30 .... Dr. Vijay in Malaysia and health authorities in Meghalaya, India, adopted his protocols with reported success in reducing hospitalizations and mortality32 ....

Dr. Vijay and Philip McMillan both highlighted the significance of Dr. Chetty's early clinical observations and his courage to think differently from the prevailing guidelines35 .... Dr. Vijay emphasized that Dr. Chetty's meticulous approach aligned with fundamental medical principles of observing patient symptoms and their evolution, which were seemingly overlooked during the pandemic37 .... Philip McMillan noted the "genius" of Dr. Chetty's observation and his ability to piece together the pathophysiology and effective treatment39 .

Dr. Chetty's early treatment approach, focusing on the biphasic nature of the illness and the critical role of an inappropriate immune response and allergic-like reaction in the later stages, contrasted sharply with the initial focus solely on the viral infection and the avoidance of steroids in early stages15 . His work underscored the importance of early intervention with readily available medications like steroids and antihistamines in managing the progression of COVID-1941 .

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Discuss Spike protein pathogen.

Based on the sources, Dr. Shankara Shetty came to the conclusion that spike protein is the primary pathogen of COVID-19 illness, not the virus itself1 . This realization occurred during the second wave in South Africa, which was characterized by the beta variant of the virus2 ....

Here's a breakdown of the points supporting this view from the provided text:

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Correlation with Beta Variant Symptoms: The beta variant had a specific mutation only in the domain of the spike protein3 . This mutation correlated with a change in the virus's affinity for ACE receptors, shifting from the lung in the first variant to the gut in the beta variant3 .... Consequently, patients in the second wave presented with gastrointestinal symptoms, specifically sudden onset of profuse diarrhea, as opposed to the respiratory symptoms seen initially4 . Dr. Shetty interpreted this change in symptomatology following a specific mutation in the spike protein as strong evidence that this protein was the pathogen1 ....

- Arguments Against Spike-Based Vaccines: Dr. Shetty found it "absolutely nonsensical" to use spike protein as the template for messenger RNA vaccines if it is the primary pathogen1 . He questioned why one would introduce a pathogenic protein into the human body in the first place5 . He also raised concerns about the lipid nanoparticle technology used in these vaccines, noting its potential dangers and its original authorization being limited to terminally ill cancer patients5 . Furthermore, he highlighted the unregulated nature of spike protein production in the body following mRNA vaccination, in terms of both quantity and duration6 .... He suggested that a safer approach would be to create a traditional protein-based vaccine with a controlled dosage of lab-produced spike protein7 .
- Spike Protein as a Toxin and Potential Bioweapon Component: Dr. Shetty believes that spike protein is "one of the most elaborate toxins man has ever produced" and that it was "meant to kill people"8 . He testified to the coronavirus grand jury that he considers COVID-19 a bioweapon attack due to the different variants targeting different populations and organ systems, which he argues is unnatural for viral evolution9 .... He suggests that the spike protein's ability to bind to different receptors makes it an ideal toxin that can be fine-tuned to target specific populations9 .
- Confirmation by Other Research: The text mentions Professor Parry's "spikopathy paper" as proof that spike is a pathogen, supporting Dr. Shetty's conclusions8 .

The text also suggests that focusing on the spike protein as the problem is controversial, particularly because acknowledging its pathogenic role would imply potential risks associated with vaccines that produce spike protein11 . This resistance to the idea is attributed to the "benefit of industry" and those who may have designed the virus12 .

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Discuss Eighth day decompensation.

Dr. Shankara Chetty identified a critical pattern in the progression of COVID-19, which he termed the "eighth-day phenomenon" or a sudden decompensation occurring around the eighth day after the onset of initial symptoms1 .... This observation was a key element in the development of his early treatment protocols5 .

Here's a detailed discussion of this phenomenon based on the sources:

- Sudden Deterioration After Initial Improvement: Dr. Chetty noticed that some patients, after experiencing initial upper respiratory symptoms like sore throat, sinus inflammation, and loss of smell

and taste without chest pathology or coughing6 , would show signs of recovery around the seventh day1 .... However, around the eighth day, some of these individuals would suddenly experience severe breathlessness and a drop in oxygen saturation1 .... One notable example was a patient who played squash on the day before experiencing breathlessness on the eighth day3 . This suddenness was a key characteristic of this decompensation3 ....

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Timing and Pattern Recognition: Dr. Chetty meticulously documented the onset of symptoms and the timeline of his patients' illnesses2 .... He observed that these five patients who worsened out of his initial 20 presented back to him exactly on the eighth day, a week after they initially fell ill2 .... This consistent timing suggested a distinct pathophysiological process rather than a typical viral progression2 .... Dr. Vijay emphasized that such detailed attention to the clinical evolution of symptoms is a fundamental aspect of medicine that was seemingly overlooked during the pandemic10 ....

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Distinction from Viral Pneumonia: The rapid and sudden nature of the breathlessness on the eighth day differed from the expected progression of a typical viral pneumonia, which usually develops more gradually3 .... The fact that patients could feel well enough to engage in strenuous activity like playing squash the day before experiencing severe respiratory distress highlighted that something unusual was occurring3 .

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Hypothesis of an Inappropriate Immune Response: By the eighth day, Dr. Chetty observed that the initial viral phase seemed to have passed, with patients often lacking fever, body aches, or other signs of active viral infection13 . This led him to hypothesize that the sudden decompensation was due to an inappropriate immune response to something, rather than the ongoing viral infection itself13 . He likened this rapid deterioration to a severe anaphylactic process or exposure to venom, both requiring urgent intervention4 .

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Breakthrough with Antihistamines and the Allergic Component: The case of a diabetic and obese patient who developed severe breathlessness on the eighth day proved pivotal4 .... Cautious about using high-dose steroids due to her diabetes, Dr. Chetty tried antihistamines, suspecting an allergic-like reaction. The patient's rapid recovery upon taking promethazine and the return of breathlessness when it was stopped, followed by improvement again upon reinstitution, strongly suggested an allergic process was involved in this phase14 .... This led Dr. Chetty to believe that a hypersensitivity pneumonitis, triggered around the eighth day, was a key component of the deterioration17 .

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Treatment Protocol Targeting the Eighth-Day Phenomenon: Based on this understanding, Dr. Chetty developed a treatment protocol that included antihistamines, often in conjunction with steroids, and later added montelukast and aspirin16 .... He strategically used these medications, particularly focusing on intervening around the eighth day when the risk of decompensation appeared highest17 . He also

educated his patients about the potential for this eighth-day deterioration, advising them to seek immediate help if they experienced breathlessness or fatigue18 . He even provided preemptive scripts with necessary medications and instructions for use only if deterioration occurred on their predicted eighth day19 ....

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Confirmation and Spread of the Observation: Dr. Chetty's observation of the eighth-day decompensation was crucial in his successful early treatment of COVID-19, with him reporting zero deaths among his treated patients21 . His findings and the significance of this timeline were recognized by Dr. Vijay in Malaysia22 ... and health authorities in Meghalaya, India24 ..., who adopted his protocols with reported success26 . Dr. Vijay noted that Dr. Chetty's ability to identify this temporal pattern was a testament to fundamental medical principles that were seemingly ignored during the pandemic10 .... The consistency of this eighth-day pattern across different individuals and even in the context of different variants (though with potentially different presenting symptoms like gastrointestinal issues in the beta variant27) further highlighted its importance21 .

In summary, Dr. Chetty's identification of the eighth-day decompensation was a crucial early observation that allowed him to understand the biphasic nature of COVID-19 and develop effective early treatment strategies targeting the apparent immune-mediated deterioration that occurred after the initial viral phase13 .... This insight highlighted the importance of direct patient observation and careful clinical reasoning in understanding novel illnesses5 ....

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Discuss Global agenda suspicion.

Drawing on the provided source, there is significant discussion regarding suspicions of a global agenda related to COVID-191 .... Dr. Shankara Chetty and Dr. Vijay express strong beliefs that the events surrounding the pandemic were not purely organic and that a larger agenda was at play2 ....

Dr. Chetty's initial suspicion arose very early in the pandemic due to his scientific background. He noted an "insert" in the genome of the virus that indicated a lab origin, leading him to believe it was lab-made12 .... This immediately made him think there was something unusual happening15 .... Dr. Vijay also became suspicious early on due to the "narrative building in the news" and the strange way the pandemic was being managed, such as preventing doctors from early involvement in treatment13 ....

Dr. Chetty's later findings, particularly his conclusion that spike protein is the primary pathogen18 , further fueled his suspicion of a global agenda, especially concerning the development and rollout of spike protein-based mRNA vaccines18 .... He found it "absolutely nonsensical" to use a pathogenic protein as the basis for a vaccine19 . He also questioned the unregulated nature of spike protein

production in the body following vaccination and suggested that a traditional protein-based vaccine would be a safer approach20 .... This led him to believe there was "more to this agenda" than just a health crisis2 ....

Further corroboration for the idea of a global agenda came from individuals who contacted Dr. Chetty after his interview with Philip McMillan4 . Notably, a person claiming to be from the CIA stated that they "knew that they had put a weapons-grade package onto this virus" and that the vaccination program was "the second part of a global military strategy"22 .... This individual reportedly indicated that the plan was to insist on global vaccination, removing freedoms and impacting everyone23 . While Dr. Chetty shared his knowledge, he also distanced himself due to uncertainty about motives5 .

Dr. Chetty also found the global response to be indicative of a larger plan. He noted that China's seemingly controlled initial outbreak and the subsequent unchecked international spread were strange24 . The hyping up of the virus rather than toning it down also suggested an agenda24 .

Both Dr. Chetty and Dr. Vijay highlight the dogged determination of scientists and politicians to follow a certain path, even when scientific evidence suggested otherwise, as indicative of an underlying agenda6 .... The censorship of alternative views and information further supports this suspicion4 ....

Dr. Chetty draws a parallel between the COVID-19 situation and the First and Second World Wars, suggesting they were "well-designed events by global elite looking to redistribute wealth"28 . He argues that COVID-19, fought with a bioweapon, has achieved similar outcomes—death, economic collapse, and increased government control—without people realizing they were in a war10 . He believes the global focus on "pandemic preparedness" is a means to gain further control and that exposing COVID-19 as a bioweapon release could dismantle this framework29 .

Dr. Vijay expresses concern that while the public is increasingly aware of a potential agenda, the medical fraternity seems less awakened, which he finds worrying30 .

In conclusion, the sources reveal a strong suspicion among Dr. Chetty and Dr. Vijay that the COVID-19 pandemic was not solely a natural event but was linked to a broader, potentially nefarious global agenda involving the development and release of a lab-made virus, the promotion of spike protein-based vaccines despite safety concerns, and the use of the pandemic to further control and other geopolitical objectives6 .... Dr. Chetty's upcoming court case is framed as an attempt to reveal the full picture of this agenda31 ....

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Glossary of Key Terms

- Early Treatment Protocol: A strategy to treat an illness in its initial stages, often focusing on symptom management and preventing severe progression.
- Symptomatology: The set of symptoms characteristic of a medical condition.
- Decompensation: The functional deterioration of a failing organ or system. In the context of COVID-19, it refers to a sudden worsening of a patient's condition.
- Anaphylactic Response: A severe, potentially life-threatening allergic reaction characterized by rapid onset and systemic effects. Dr. Chetty likened the eighth-day deterioration to this.
- Antihistamine: A class of drugs that block the action of histamine, a chemical released by the body during allergic reactions.
- Steroid (Corticosteroid): A type of medication that reduces inflammation and suppresses the immune system. Dr. Chetty used them judiciously to manage the inflammatory response in later stages of COVID-19.
- Spike Protein: A protein on the surface of the SARS-CoV-2 virus that it uses to enter host cells. It is also the target of many COVID-19 vaccines.
- Pathogen: A microorganism (such as a bacterium, virus, or fungus) that can cause disease.
- Mainstream Narrative: The dominant or widely accepted explanation or understanding of an event or issue, in this case, the prevailing understanding of the COVID-19 pandemic.
- Censorship: The suppression or prohibition of speech, public communication, or other information that may be considered objectionable, harmful, sensitive, or inconvenient to authorities or governing bodies.
- Nefarious Agenda: A wicked, evil, or criminal plan or goal.
- Clinical Observation: The process of carefully watching and noting the signs and symptoms of a patient's illness.
- Integrative Medicine: An approach to healthcare that combines conventional medical therapies with complementary and alternative therapies.
- Autonomous State: A region or division of a country that has a degree of self-governance or freedom from external authority.
- Biotechnology: The exploitation of biological processes for industrial and other purposes, especially the genetic manipulation of microorganisms for the production of antibiotics, hormones, etc.
- Lipid Nanoparticle Technology: A system used to deliver therapeutic molecules, such as mRNA in some COVID-19 vaccines, by encapsulating them in tiny spheres made of lipids (fats).
- Gene Therapy: The transplantation of normal genes into cells in place of missing or defective ones in order to correct genetic disorders. Dr. Chetty argued that mRNA vaccines function more like gene therapy.
- Protein Vaccine: A type of vaccine that uses specific purified proteins from a pathogen to trigger an immune response. Dr. Chetty suggested mRNA vaccines are essentially unregulated protein vaccines.
- Cytokine Storm: An overproduction of immune cells and their activating compounds (cytokines), which can lead to excessive inflammation and damage to organs.

There is enough evidence that the virus and vaccine are bioweapons long in the making. They were designed with different intents and appropriately propagandized to create fear with the virus, more fear and a false Savior with false Science, and inject everyone with the vaccine mandates. Many have no side effects from the vaccine and will stand testament to its safety to appease their fear and bad choice, distracting everyone from Omicron, a more contagious, neurotropic bioweapon, that can mutate and repeatedly infect whether vaccinated or not. These bioweapons were designed to stop the bodies' defenses like apoptosis and interferon response to persist for a long time, thus prolonging the infected to spike exposure. Some remain unaffected by the virus or spike, thus having no long-term issues, and will say that Covid is over. We're being blindsided by our prejudice and are facing an extinction level event, carefully planned and executed while we are distracted by the vaccine debate, etc. We need to hold those responsible accountable immediately, stop all biotechnology research immediately, and have proper directed scientific research into the workings and preferences of this changing bioweapon to alleviate some of the suffering already caused. To do this, we first need confessions. Many have strong cases against them, so prosecute them now and restore justice and faith.

This might be an oversimplification, but the understanding is relevant and my true lifes journey. Genetics showed me that my DNA is the recipe book for every protein I could ever make, and every cell has a protected copy, but every cell does not make every protein all the time, so my fascination was with who or what was controlling it's expression. In short, Helical DNA based lifeforms have the ability to adapt and evolve to new environments. DNA is also an Arial, picking up and tuning into electromagnetic vibrations, and expressing itself according to their ampitude and frequency. These vibrations are emitted by everything and intermingle and influence each others DNA expression. Excluding tech interference, these vibrations emitted by living beings are dependent on their emotions (frequency) and passion (ampitude). We are the only living beings granted consciousness(DIVINITY) to control our emotions, and in so doing, control the expression of all the DNA around us. If

the emotion you emit is Joy (high frequency), it will influence the expression of your DNA, and IT will tune into that frequency, picking up all the other Joyfull emissions around you and influencing the others.. Why do you think your plants grow better when you show them love? Try it with fear or hate. So, the control of your Divine Power rests in the ability to control your emotions, and in so doing, manipulate the energies around you. Everything will conspire to lower your frequency as it's the low frequencies that perpetuate the dark energies.

These dark forces grant control over Money and Power to their devotees, and in return, they must create negative, passionate human emotion. From the UN to Corrupt Governments, they have sold their souls and stir negative emotions around the Planet, thus blinding us to our true Potential.

The War is against Children as they possess the highest ampitude and frequency of vibrational output. The lowest frequency is Terror that disconnects you from the Divine and will allow irrational acts. The aim with all the child trafficking etc, is to torture innocent children to the edge of their lives in Terror, thus creating an emission of the Strongest, Lowest frequency emission known to this UNIVERSE.

So, where did we go wrong? The day that you allowed them to groom and convince you that you are an ADULT, was the day you allowed the dark energies to take your hand and make the Worlds problems Your Problems. When a Child enters a room with negative energy, He/She has the good sense to run away. Even at War, Children can Play, even at a funeral, Children can Play, and the Dark forces stood no chance. Today, you think you're an Adult and let your eyes and ears stir your emotions, and allow your changing circumstances to influence the Joyful Child He sent.

The word ADULT does not even feature in scripture unless describing Adultry or Adulteration. YOU are a CHILD of GOD, not an opinionated, conceited ADULT of GOD, and HE said, HE will come back for HIS CHILDREN, and they will inherit the EARTH. So grow to be a

RESPONSIBLE CHILD, not an ADULT, lest you wish Him to twist your brain with Alzheimers or Dementia to MAKE you a CHILD AGAIN, before He comes to fetch you. STOP THE ADULTERATION OF OUR DIVINITY. PROTECT THE INNOCENT CHILDREN, AND REMEMBER TO BE THE JOYFUL, FEARLESS, INNOCENT CHILD HE SENT. IT'S WHAT WE NEED TO WIN THE WAR.

I've been saying this from the beginning. From a Population Genetics point of view, the mRNA gene therapy, with its myriad of disastrous contaminants, will change the physiology of the planet, increase death rates, decrease birth rates, and in so doing, trigger an extinction level event

What I'm seeing are more and more of my unvaccinated patients getting repeated viral infections that are unusual in their presentation. We have stopped testing, but it still looks like Omicron with some showing worsening a week into their illness. Spike protein exposure through repeated Omicron infection will have consequences. Now, I'm noticing some of my unvaxed patients presenting with unusual symptoms, raised D.Dimers, and allergic/immune issues. I've stopped looking at live blood some time ago, but the reports from those still doing them are worrying. Yes, we must not create fear with blanket statements, and I apologize if that was the reaction, but the unvaxed must not have a false sense of security and be cautious about their exposure to spike. I would love to do the blood analysis again myself, as the clinical picture I see shows something brewing. I'm unvaxed, highly allergic to Omicron spike that saw me in ICU twice, and continuously exposed to infected patients. If anyone should be cautious, it's me.

Certain metals, like phosphate and tin, both found in the calamari clots, are used as catalysts in exothermic reactions. Once they trigger an agglutination process, it will continue unchecked, forming polymers that will continuously grow in length and girth, only being restricted by the width and length of the vessel that the process is initiated in. The manufacture of PVC pipes uses tin as a catalyst. Is this the reason we see distinct, usually solitary, large clots that look like casts of the vessel they occlude? Are amyloid like proteins

the polymers that are catalyzed by these metals? As blood flows past the point of catalytic initiation, more polymers will be deposited with cross linking bonds giving tensile strength, growing the cast in length and girth until it occludes the vessel. Is endothelial injury the nidus for the initiation of this process? POLYURETHANE

Absolutely. Now, everyone will look to blame someone. Actions may speak louder than words, but intentions speak louder than actions. Don't go for the easy targets. That doesn't win the war. Go for those who had bad intentions from the beginning. This church has only 2 wooden boxes, and I'm glad he chose the confessional.

Tau first mentioned snake venom to me in 2021 to keep my eye on. He understood that it was being experimented on to be weaponised and could be aerosolized etc.and spread, but I couldn't figure the transmission to other individuals by those affected. He planted the seed and asked that I don't disregard an envenomation as my treatment would address both Envenomation and Hypersensitivity. With the chronic gut issues we were seeing and a positive rectal PCR swab reported early on from China, we contacted Carlo Brogna, who was examining stool. What he found was that the virus had bacteriophage activity and infected the bacteria in your gut, replicating in them and getting them, through insertional mutagenesis, to produce toxins. These toxin like peptides resemble many different kinds of snake venom, conotoxins (sea snail venom), and starfish toxin.

That was the revelation that solved all my questions. Transmission of the toxin occurred through transmission of its code by the virus to the gut bacteria that then made the toxin. This allowed the toxic proteins to evade the hosts' digestive enzymes in the stomach and small intestine by being made directly in the colon where it can be absorbed unaltered.

UNNATURAL, INTENTIONAL, WELL PLANNED, TRANSMISSIBLE ENVENOMATION.

IT'S DEEPER THAN YOU CAN IMAGINE.

The recent global upheaval from covid to the current conflicts all are culminations of centuries of planning. I've said, and I'll bet that the lethality of covid and the vaccines were

tuned to affect certain blood groups/lines. Sons of Lucifer, given control over technology, money, and power, must do everything to steal our innocence and create situations where the world is engulfed in negative human emotional energies, and its most abundant source is in the torture of innocent children, hence the pedophilia, child sacrifice, etc. Our children are not growing up faster these days. They are having their innocence stolen younger and younger. All it takes is to protect and emulate the fearless, innocent, joyful vibrations of the thoughts and emotions of children, and we will win the War.